

# **DRUG ABUSE TREND REPORT DETROIT/WAYNE COUNTY, MICHIGAN**

June 2003



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# Drug Abuse Trends in Detroit/Wayne County and Michigan

Richard F. Calkins<sup>1</sup>

## ABSTRACT

***Cocaine indicators continued to stabilize. With increases in heroin-involved treatment admissions and heroin-involved deaths, heroin indicators are increasing. Data on other opiates reflected increases in abuse, especially for hydrocodone. Marijuana continued to be the top illicit drug, but indicators remained stable. Indicators for methamphetamine showed continuing increases, while indicators for abuse of LSD, GHB, ketamine, and Coricidin HBP showed some recent stabilizing or decreases. Twenty-nine percent of the cumulative AIDS cases in Michigan are among injection drug users.***

## INTRODUCTION

### Area Description

Detroit and surrounding Wayne County are located in the southeast corner of Michigan's Lower Peninsula. In 2000, the Detroit/Wayne County population totaled 2.1 million residents and represented 21 percent of Michigan's 9.9 million population.

Currently, Michigan is the eighth most populous State in the Nation. The Detroit metropolitan area ranks 10th among the Nation's major population centers. In 2000, the city of Detroit's population was 951,000. Michigan's population increased by 6.9 percent between 1990 and 2000. Population growth above the statewide average occurred among those age 10–14 (12 percent), 15–17 (8.5 percent), and 5–9 (7.6 percent). There was a net population loss among those younger than 5 (4.3 percent) by 2000 because of declining birth rates since the mid-1990s. The following factors contribute to probabilities of substance abuse in the State:

- Michigan has a major international airport, with 277,688 flights in 2000; 10 other large airports that also have international flights, with more than 200,000 arrivals in 2000; and 235 public and private small airports. Long-term projections for the Detroit Metro airport forecast a 31-percent increase in flights during the next 10 years.

The State has an international border of 700 miles with Ontario, Canada; land crossings at Detroit, Port Huron, and Sault Ste. Marie; and water crossings through three Great Lakes and the St. Lawrence Seaway, which connects to the Atlantic Ocean. Between Port Huron and Monroe, many places along the 85 miles of heavily developed waterway are less than one-half mile from Canada. Michigan has 940,000 registered boats. In 2001, two major bridge crossings from Canada (Windsor Tunnel and Ambassador Bridge) had 7.9 million cars, 1.7 million trucks, and 93,000 buses cross into Detroit. Southeast Michigan, the busiest port on the northern U.S. border, had about 21 million vehicle crossings with Canada in 2000. Detroit and Port Huron also have nearly 10,000 trains entering from Canada each year. The Foreign Mail Branch in Detroit processes 250,000 foreign parcels and about 900,000 letter-class pieces monthly.

- Michigan's numerous colleges and universities have many out-of-State or international students.
- The State has a large population of skilled workers with relatively high income (especially in the automotive industry), as well as a large population with low or marginal employment skills.
- There are chronic structural unemployment problems. Michigan has prospered in recent economic periods, with low unemployment. As the national economy slowed in 2002, so did the Michigan economy.

### Data Sources

Data for this report were drawn from the sources shown below.

- **Hospital emergency department (ED) drug mentions data** through 2001 and preliminary data for the first half of 2002 were obtained from the Drug Abuse Warning Network (DAWN), Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA).

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- **Treatment admissions data** were provided by the Division of Quality Management and Planning, Michigan Department of Community Health (MDCH) for the State and Detroit/Wayne County, as reported by State and federally funded programs. Reporting practices, which changed on October 1, 1998, affect the capability to reliably track trends in client characteristics, drugs of abuse, and other data reported in admissions records. During fiscal year (FY) 2001 and FY 2002, State reporting requirements were revised, which also challenged reporting continuity. The admissions volume reported has been declining over the past several years; it is difficult to identify whether changes in data reflect reporting practices or actual changes in the populations entering treatment, as all data is no longer reported. Software delays during FY 2002 resulted in large volumes of unresolved errors in data submissions and an inability to produce data sets for analysis until yearend. FY 2003 data just recently became available for use in this report. Based on the first six months of FY2003, treatment admissions could increase by 4 percent by year end.
- **Drug-related mortality data** were provided by the Wayne County Office of the Medical Examiner (ME) and the MDCH. The Wayne County ME provided data on deaths with positive drug toxicology from 1993 through March 2003. These drug tests are routine when the decedent had a known drug use history, was younger than 50, died of natural causes or homicide, was a motor vehicle accident victim, or there was no other clear cause of death. The MDCH provided statewide data on probable psycho stimulant-involved deaths for 1999-2001.
- **Heroin purity data** were provided by the Drug Enforcement Administration (DEA). Preliminary data on heroin purity between mid-2001 and mid-2002 were from the DEA's Domestic Monitor Program (DMP).
- **Drug seizure data and arrest trends** were provided by the Michigan State Police for 2001, 2002, and for the first part of 2003.
- **Drug distribution data**, from the High Intensity Drug Trafficking Area, Investigative Support and Deconfliction Center, of Southeast Michigan (HIDTA-SEM), were derived from FY 2002 Threat Assessment data.
- **Poison control case data** were provided by the Children's Hospital of Michigan Poison Control

Center and represent contact data on cases of intentional abuse of substances January through May 2003. This center is one of two in Michigan; its catchment area is primarily eastern Michigan, although contacts can originate anywhere.

- **Drug-related infectious disease data** were provided by the MDCH on the acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) prevalence estimates as of January 1, 2003.

## DRUG ABUSE PATTERNS AND TRENDS

### Cocaine and Crack

Between 1994 and 1999, cocaine was the most frequent DAWN ED drug mention in Detroit metropolitan counties (exhibit 1). The Detroit area rate of cocaine ED mentions per 100,000 population was 178 in 1999, 179 in 2000, and 186 in 2001. During 2000, the 7,870 cocaine mentions represented a slight but nonsignificant increase from 1999, while data for 2001 showed there was a slight but nonsignificant decrease for the year compared with 2000. This decreasing trend continued into the first half of 2002.

The typical cocaine ED case continued to be a male, age 35 or older, who went to the emergency department seeking help for unexpected reaction, chronic effects, or overdose, and was treated and released in a multidrug-involved episode. There was a significant decrease in cases among those under age 34 in the first half of 2002.

Cocaine (including crack) has been the foremost primary illicit drug of abuse among admissions to State-funded treatment programs statewide since FY 1986. During FY 2001, cocaine/crack was the top illicit drug among statewide admissions, accounting for 18 percent of total admissions, while in FY 2002, cocaine/crack accounted for 17 percent of statewide admissions. In the first half of FY2003, cocaine was primary drug in 19 percent of all admits in Michigan. In Detroit/Wayne County, cocaine represented 28 percent of total admissions in FY 2001, 26 percent in FY 2002, and 27 percent in the first half of FY2003. It was exceeded only by heroin, which accounted for 34 percent (FY 2001), 29 percent (FY 2002) and 28 percent of total admissions in the first half of FY2003.

Cocaine (including crack) was involved (as either primary, secondary, or tertiary drug) in 35 percent of all treatment admissions statewide in FY 2002 (37 percent in the first half of FY2003) and in 52 percent

(49 percent in the first half of FY2003) of all admissions in Detroit/Wayne County. Cocaine-involved treatment admits are projected to increase by 9 percent statewide in FY2003. About one of every three cocaine-involved admissions statewide in FY 2002 and the first half of FY2003 was in Detroit/Wayne County.

The number of decedents with a positive drug toxicology for cocaine in Detroit/Wayne County were basically stable between 1995 and 1999, with plus or minus 1–12-percent fluctuations year to year (exhibit 2). In 2000, there was a 16-percent increase in cocaine deaths over 1999. In 2001, cocaine deaths increased by less than 3 percent from 2000, to 406 cases. In 2002, the 417 cocaine deaths were a slight increase over 2001. The 95 cocaine-present deaths in the first three months of 2003 suggest a slightly decreasing pattern may be developing.

Cocaine powder and crack availability, prices, and purity remained relatively stable. Ounce and kilogram prices have been stable for at least the past 9 years. The cost of crack rocks has now increased to as high as \$50, with \$10 the most common unit price in Detroit neighborhoods. Higher-priced units are more typical when sold to outsiders in Detroit, or when sold outside Detroit. Ounce amounts of cocaine and crack usually sold for the same price (\$750–\$1,300) in 2001 and 2002 in Detroit. Small plastic bags (heat-sealed or zip lock) or aluminum foil are now the most common packaging.

Numerous organizations distribute cocaine in the metropolitan area and statewide, according to the FY 2002 Threat Assessment by the HIDTA–SEM. The Detroit metropolitan area remains a source hub for other areas of Michigan and the larger Midwest. Gangs control a number of distribution points and are major suppliers to many markets, although it is reported that there is less organized street gang activity than in the past. Michigan State Police reported that several homicides have occurred in Saginaw in early 2003 as a result of gang activity and drug sales competitions.

## Heroin

ED mentions for heroin have trended gradually upward since 1994 (exhibits 1). In 1999, the Detroit metropolitan area rate of heroin mentions was 61.5 per 100,000 population; in 2000, the rate was 75.8. In 2001, the rate increased significantly to 93; while in the first half of 2002 the rate declined significantly compared to the first half of 2001. The number of heroin ED mentions was 51 percent higher in 2001 than in 1999.

The typical heroin ED case continued to be a male, age 45–54, who sought help in an emergency department for unexpected reactions or chronic effects and was treated and released.

Heroin, as the primary drug among treatment admissions, accounted for 29 percent in FY2002 (28 percent in the first half of FY2003) of all admissions in Detroit/Wayne County and 12 percent of admissions statewide both in FY2002 and the first half of FY2003. The 2,362 admissions in Detroit/Wayne County involving heroin (as primary, secondary, or tertiary drug) accounted for 54 percent of the statewide total of 4,353 heroin-involved admissions in the first half of FY2003. Total heroin-involved admissions in Michigan are expected to increase by 10 percent in FY2003 based on the first half patterns. One in three admissions in Detroit/Wayne County involved heroin, while heroin was involved in 14 percent of all statewide admissions in FY 2002.

Heroin deaths have been steadily increasing in Detroit/Wayne County since 1992. In 1996, there were 240 heroin-present deaths; by 2000, the annual number had nearly doubled (exhibit 3). Deaths with heroin metabolites present in 1999 represented a 24-percent increase from 1998, while in 2000, heroin cases increased again, by 23 percent over the 1999 total. The 465 heroin-present deaths in 2001 were a slight decrease from the 473 deaths in 2000. During 2002, 496 heroin-present deaths were identified, which again exceeded the number of cocaine-involved deaths.

Since 1996, the Wayne County ME lab has tested decedents for 6-monoacetylmorphine (or 6-AM) to determine whether its presence parallels increases in heroin (morphine) positivity. Until nearly the end of 2001, findings of 6-AM were at about one-half the level for heroin-present cases. Findings of this drug are most typical in decedents with more acute effects of heroin use. In late 2001 and the first 3 months of 2002, there were roughly four heroin (morphine) cases for every one case of 6-AM. Overall in 2002, there were 185 findings of 6-AM and 496 findings of heroin (morphine); this is a ratio of about 37 percent of 6-AM to heroin being present. This same ratio pattern persisted in the first three months of 2003.

Nearly all available heroin continued to be white in color. South America (Colombia) remains the dominant source, although in the past 3–4 years, heroin originating in both Southeast Asia and the Middle East has been identified. Heroin from these latter two sources was not very common between the mid-1990s and 2000. Heroin originating in Mexico

was available in some parts of Michigan outside the Detroit metropolitan area.

Heroin street prices remained stable and relatively low in Detroit. Packets or “hits” available in Detroit are typically sold in \$10-units, while outside the area individual units sometimes cost \$15-\$25 or more. Price is also affected by whether the buyer is known to the seller, as well as whether the buyer and seller are of the same racial/ethnic origin. Bundles of 10 hits cost between \$75 and \$150. Packaging is often tinfoil; lottery papers; coin envelopes; balloons; fingers cut off from surgical gloves; or small plastic zip lock bags. There are reports of some out state users of oxycodone switching to heroin because of less availability of oxycodone.

According to the most recent information from the DEA that heroin purity, which had increased from the early 1990s to a peak of nearly 50 percent in 1999, ranged from 23-57 percent for South American heroin and averaged about 60 percent for middle eastern heroin during the period of mid-2001 to mid-2002.

Among new heroin users are a number of young, affluent, employed females in suburban areas out state.

### **Other Opiates/Narcotic Analgesics**

In the Detroit area, indicators for opiates and narcotics other than heroin remained lower than those for cocaine and heroin, continuing a long-term trend since the early 1980s. Codeine and its prescription compounds (Schedule III and IV drugs) remained the most widely abused other opiates; codeine indicators were stable. However, there were further increases in hydrocodone (typically Vicodin, Lortab, or Lorcet), carisoprodal (Soma) and oxycodone (OxyContin) Poison Control cases. These drugs are available in myriad combinations that involve other drugs in the formulation of the pill or capsule.

Other opiates, as primary drugs among treatment admissions in FY 2002, were reported for 284 cases in Detroit/Wayne County and 1,930 cases statewide. In the first half of FY2003, there were 1,193 other primary opiate admits statewide with 262 in Detroit/Wayne County. At this rate, such admissions in Detroit/Wayne County could nearly double that of FY2002 by the end of FY2003. Other opiates (as primary, secondary, or tertiary drugs) were involved in 7 percent of statewide admissions and in 6 percent of Detroit/Wayne County admissions in FY 2002. This compares to 8 percent in the first half of FY2003 both statewide and in Detroit/Wayne

County. The other opiates-involved admissions in Detroit/Wayne County accounted for one of every five statewide other opiates-involved admissions during FY2002. In the first half of FY2003, Detroit/Wayne County other opiate-involved admits were 23 percent of the total statewide cases.

Toxicology findings from the Wayne County ME lab showed 241 cases of codeine positivity in 2002, compared with 48 cases from January through March 2002.

Hydrocodone and hydrocodone/combinations began to appear in southeast Michigan hospital ED drug mentions in 1994, with sharp and significant increases in 1998 (185 mentions), 1999 (238), 2000 (371), 2001 (483) and in the first half of 2002 (290) (exhibit 1). This drug was identified by the Wayne County ME lab in 60 decedents in 2000, 80 in 2001, and 120 in 2002. Information from the Children’s Hospital of Michigan Poison Control Center on intentional hydrocodone abuse cases for 2001 identified about 40 cases; about one-half were female. In the first 5 months of 2003, 107 cases of intentional hydrocodone abuse were reported to the poison control center, which is more than twice as many cases as in 2002.

Carisoprodal was identified in 20 Wayne County decedents in 2000, 30 in 2001, and 24 in 2002. There were 21 cases of intentional carisoprodol abuse reported to the poison control center during the first 9 months of 2002, and 36 cases in the first 5 months of 2003. Southeast Michigan DAWN ED data reflects 170 mentions in 1998, 145 in 1999, 146 in 2000, 183 in 2001, and 82 in the first half of 2002.

The most recent revised southeast Michigan ED drug mentions data from DAWN show 21 oxycodone/combinations mentions in 1996, 15 in 1997, 19 in 1998, 17 in 1999, 45 in both 2000 and 2001, and a significant increase to 65 mentions in the first half of 2002. Since about 2000, oxycodone (OxyContin) has been steadily reported by law enforcement agencies in arrests, primarily in the western and northern Lower Michigan areas, but more recently all over the State. It has been reported that it is not uncommon for persons in emergency departments to ask specifically for this drug for various ailments. Pharmacy break-ins and armed robberies specifically related to this drug continued to be reported, but may be declining as some pharmacies have posted signs they do not carry this drug. Oxycodone was found in 10 decedents in Wayne County in 2000, 13 in 2001, and 12 in 2002. It was involved in fourteen cases reported to the poison control center in the first 5 months of 2003. OxyContin pills still sell for \$0.50–\$1.50 per

milligram. About 75 arrests were made by Michigan State Police in 2002 for oxycodone, while 29 such arrests were reported in the first four months of 2003. Some oxycodone reportedly is being smuggled from Canada. Some users are reportedly switching to heroin because of less availability of oxycodone in some out state locations.

Methadone was found in 35 decedents in Wayne County between April and September 2001, in 26 decedents between October 2001 and March 2002, and in 72 decedents in 2002. Use of this drug in treatment of chronic pain has reportedly increased.

## **Marijuana**

Marijuana indicators remain stable. Mexican marijuana continued to be the dominant form available.

Detroit metropolitan area ED marijuana data shows a steady increasing trend since 1994, with some fluctuations in a few years (exhibit 1). In 1999, the case rate for marijuana mentions per 100,000 population was 95; in 2000, the case rate was 99, in 2001 the case rate was 121, while in the first half of 2002 the case rate was 66. Although these rates are increases (paralleled by the number of marijuana mentions over this same time period), they were not significant.

The typical marijuana ED case was a male, age 35 or older, who was experiencing unexpected reactions or overdose, and who was treated and released in a multi-drug use episode. There were significant increases in cases involving 18-25 and 26-35 year olds between the first half of 2001 and the first half of 2002.

Treatment admissions during FY 2002 in Detroit/Wayne County for marijuana as primary drug totaled 1,105, while the first half of FY2003 total was 583 such admissions. For FY2002 statewide, there were 8,834 marijuana admissions as primary drug, while for the first half of FY2003 there were 4,214 such admissions. Marijuana was involved (as primary, secondary, or tertiary drug) in 40 percent of statewide admissions and in 31 percent of Detroit/Wayne County admissions in FY 2002. In the first half of FY2003, these proportions were 38 and 29 percent, respectively. The Detroit/Wayne County marijuana-involved admissions accounted for about one of every six (17 percent) statewide marijuana-involved admissions in FY 2002, with a slight increase (to 18 percent) in the first half of FY2003.

The majority of marijuana seized in Michigan originates in Mexico, and is transported in both large and small quantities by a variety of methods. Law

enforcement agencies continue to report increases in seizures in hydroponically grown marijuana from Canada, which was being grown and smuggled by Asian organized crime operations.

## **Stimulants**

Indicator data showed increasing levels of methamphetamine abuse in the State, mostly in the southwestern corner of Lower Michigan. Amphetamine abuse has also been increasingly identified, although it is more stable than the methamphetamine patterns. A detailed baseline report examining up to 5 years of data in some cases, has just been completed in line with the Michigan Methamphetamine Strategy.

Southeast Michigan DAWN ED drug mentions for methamphetamine declined to near zero from 1996 to 2000 and remained at that level in 2001 (exhibit 1). Between 1992 and 1996, there were increases in amphetamine mentions, but they declined after 1996 and then increased (nonsignificantly) in 2001 with 437 mentions. In the first half of 2002 there were 207 amphetamine mentions.

Methcathinone (“cat”), an easily manufactured stimulant, was identified in Michigan’s Upper Peninsula around 1990; an epidemic ensued until about 1994, when no further labs were found. A trickle of reported admissions to treatment involving this drug continued; there were 9 primary Methcathinone admissions statewide in FY 2000, 4 in FY 2001, and 10 in FY 2002. There were 4 Methcathinone admissions statewide in the first half of FY2003.

In FY 2002, there were 280 primary methamphetamine admissions statewide, with 5 in Detroit/Wayne County. In the first half of FY2003, there were 165 primary methamphetamine admissions statewide, with one in Detroit/Wayne County. The 280 methamphetamine admissions in FY 2002 lived in 43 of the 83 counties in Michigan, mostly in rural areas, with more admissions in western and southern counties; 5 lived in Detroit/ Wayne County. In the first half FY2003 methamphetamine admissions lived in 28 counties.

Among primary drug methamphetamine admissions statewide in FY 2002, smoking was reported by almost one-half (43 percent), followed by inhalation (33 percent), oral (17 percent), and injection (eight percent) as the route of administration. Smoking increased as the route of use to 48 percent of first half FY2003 methamphetamine admissions, followed by inhalation (26 percent), injection (16 percent) and oral (11 percent) routes.

One important finding in the detailed baseline report noted earlier is that virtually all of the stimulant-involved treatment cases for the past five fiscal years were daily users, regardless of whether the drug was primary, secondary, or tertiary drug of abuse.

Mortality data from the Wayne County ME lab show two methamphetamine-positive cases among decedents between April and September 2001, one case between October 2001 and March 2002, and ten cases in total for 2002. The majority of these cases had multiple drugs present (including MDA or MDMA) and most all were homicide cases.

A new analysis of statewide death certificate data conducted with MDCH Vital Statistics found there were as many as 52 deaths where there was probable involvement of amphetamines or stimulants for the period 1999-2001 in Michigan. Exact numbers are elusive, as the coding structure available is complex and does not permit reporting of methamphetamine alone as it covers a wide variety of other drugs as well.

Michigan's border with Canada has been the focus of efforts to stop the flow of large amounts of pseudoephedrine and ephedrine into the United States. These imports are the necessary ingredients for making methamphetamine and have been destined for the Western United States and Mexico. Intensified efforts by law enforcement after the September 11, 2001, terrorist attacks resulted in the indictment of numerous individuals and seizures of millions of pseudoephedrine dosage units. One such seizure in June 2002 involved 21 million tablets. Law enforcement efforts within Canada recently began activity to stop large shipments of this drug.

Michigan State Police reported seizing 40 methamphetamine labs in 2000 (all outside Detroit), compared with 14 labs in 1999. During 2001, 91 labs were seized by the Michigan State Police, and 120 were seized by the State Police, DEA, and local departments combined. In 2002, Michigan State Police seized 189 labs; twice as many as in 2001. Environmental cleanups are an increasing problem. Most of the lab seizures have been in southwestern Lower Michigan (particularly Allegan, Van Buren, and Barry Counties). The majority of labs seized so far have been relatively small in production capability, although more recently some larger labs have been found.

Michigan has a long history of high per capita distribution of methylphenidate (Ritalin). According to the DEA, Michigan ranks third per capita in distribution, with the amount of this drug distributed

increasing by 45 percent since 1998. Consequently, distribution is 60 percent higher in Michigan than the national average for all States. Indicators show little evidence of intentional abuse, yet anecdotal reports of such cases continue.

Khat, a plant grown in the Middle East that must be freshly harvested to produce its desired stimulant effects, continued to be seized in quantity at Michigan airports.

## Depressants

All indicators are relatively stable for depressants.

Depressant treatment admissions in FY 2002 and the first half of FY2003 remained low in relation to those for alcohol, cocaine, heroin, and marijuana. Such admissions typically involved benzodiazepines or sedatives/hypnotics. Barbiturates or tranquilizers were reported less often. Depressants remained more often involved as secondary or tertiary drugs among treatment admissions. In the first half of FY2003 there were 735 admissions involving depressants, with 226 of these in Detroit/Wayne County.

## Hallucinogens

Lysergic acid diethylamide (LSD) continued to be sporadically reported, and it may be declining overall from already low levels of use. LSD is generally limited to high-school-age suburban and rural youth. Dose forms are primarily paper cutouts of various designs.

Hospital ED mentions for hallucinogens have been declining overall since about 1995 (exhibit 1). In the first half of 2002 there were no LSD mentions.

During FY 2002, there were 63 hallucinogen treatment admissions as primary drug statewide, with 8 of these cases involving phencyclidine (PCP). In the first half of FY2003, there were 165 admits with hallucinogens involved, mostly as tertiary drugs. Six of these cases involved PCP.

## Club Drugs

This category of drugs includes ecstasy, gamma hydroxybutyrate (GHB), flunitrazepam (Rohypnol), and ketamine. Indicators increased for ecstasy, stabilized for ketamine, and declined for GHB. There is still no information from any source or indicator data to suggest that flunitrazepam is being used in Michigan.



The drug known as ecstasy is typically methylenedioxymethamphetamine (MDMA) or methylenedioxyamphetamine (MDA). Both drugs have been identified in lab testing of ecstasy samples, sometimes in combination. There have been many anecdotal reports of widespread and increasing use since about 1997, but these drugs rarely appear in traditional indicators identifying abuse. Ecstasy users are typically college students or young professionals, often in dance settings. Many urban and suburban areas outside Detroit are noted as having significant ecstasy use. There are now reports of some use by high schoolers, and some sources report that it is now harder to buy so some users are returning to marijuana.

Southeast Michigan ED drug mentions first began to reflect MDMA use in 1998, with six mentions reported (exhibit 1). MDMA mentions rose to 40 in 1999 and 60 in 2000. The change between 1998 and 2000 represented a 900-percent increase. Data for 2001 show 111 MDMA mentions, a significant increase from 1999. An estimate could not be made for the first half of FY2002.

During FY 2002, there were 158 ecstasy-involved (as primary, secondary, or tertiary drug) treatment admissions statewide; 31 of these occurred in Detroit/Wayne County. In the first half of FY2003, there were 93 ecstasy-involved admits statewide, with 25 in Detroit/Wayne County. It continues to be more common that ecstasy would be the tertiary or secondary drug than the primary drug involved among those seeking treatment.

The Children's Hospital of Michigan Poison Control Center received reports of 13 cases involving ecstasy in the 5-month period between January and June, 2003. This is fewer cases than reported in 2002.

The Wayne County ME lab identified one MDMA/MDA death in 1998, two in 1999, and three in 2000. Two cases were found among decedents between April and September 2001; one was a homicide victim. In 2002 there were a total of 11 decedents with MDMA present, with most being homicide victims with multiple drugs found in all of these cases.

Ecstasy, sold in various colored and often stamped pill forms, has been seized throughout Michigan. Sources remain Western Europe and Canada. Wholesale prices can be as low as \$10 per pill for quantities of 500 via Canada. Projections for 2002 were that the U.S. Customs Service in Detroit would have seized 1.2 million ecstasy pills by the end of the year. The Michigan State Police seized more than

300,000 tablets and made 40 arrests for ecstasy in 2002.

Since 1998, there have been several indicators of increasing ketamine use. Break-ins to veterinary clinics have continued (but these may be slowing recently) in efforts to obtain this drug. The Children's Hospital of Michigan Poison Control Center was consulted on seven cases of intentional ketamine abuse during the first 5 months of 2003. There were 11 ketamine-involved treatment admissions statewide in FY 2002, and 10 such cases in the first half of FY2003.

GHB and GBL abuse began to be reported in about 1997, with the number of ED mentions and poison control case reports peaking in about 1999. Use has been primarily at nightclubs (recent use appears to be more confined to gay scenes) and private parties. ED mentions of GHB totaled 45 in 1999, 22 in 2000, 31 in 2001, and 9 in the first half of 2002 (exhibit 1). The Children's Hospital of Michigan Poison Control Center GHB case reports totaled 100 in 1999, about 35 in 2000, and about one-half that many in 2001. In 2002, Children's Hospital of Michigan Poison Control Center was notified of only about ten cases of intentional GHB abuse. It is believed that GHB is now being underreported to this source, with only 3 cases reported during the first 5 months of 2003. During FY 2002 there were 4 admissions to treatment in Michigan involving GHB as the primary drug and 12 total cases in which GHB was involved. In the first half of FY2003, there were 2 admissions statewide with GHB as primary drug, and 7 total cases were it was involved.

### Other Drugs

Inhalants continued to be reported as commonly used, mostly by teens and young adults. Paint, furniture polish, and cleaning products were the most common inhalants, and males and females were equally likely to be inhalant users.

Intentional abuse of Coricidin HBP, the over-the-counter cold and flu medicine, increased in case reports to Children's Hospital of Michigan in 2000 and 2001. These tablets contain dextromethorphan. Multiple tablets are taken for a dissociative effect; use of up to 40 pills at a time has been reported. During 2000, 44 Coricidin HBP cases were reported to the poison control center, while in the first 10 months of 2001; at least 52 cases involved this drug. Most cases were teens, and nearly two of every three cases were male. About two of every three cases required hospitalization. In the first 9 months of 2002, 54 intentional Coricidin abuse cases were

reported to the poison control center. In the first 5 months of 2003, there were 25 cases of intentional Coricidin abuse reported; all were under 19 years of age.

Abuse of cough syrup (also containing dextromethorphan) continued to be noted, with shoplifting being a common way of obtaining the substance.

#### INFECTIOUS DISEASES RELATED TO DRUG ABUSE

##### **HIV/AIDS**

Michigan ranks 17th among all States, with an AIDS case rate of 113.9 per 100,000 population. As of January 1, 2003, a cumulative total of 12,623 cases of AIDS had been reported in Michigan.

Injection drug users (IDUs) continued to account for 29 percent of total AIDS cases; 22 percent have only

this risk factor and 7 percent are IDUs who also have male-to-male sex as a risk factor.

Of the 8,115 male cases currently living with AIDS or HIV, 12 percent are IDUs and 7 percent are in the dual risk group.

Among the 2,402 females living with AIDS or HIV, 28 percent are IDUs, 41 percent were infected through heterosexual contact, and 28 percent have undetermined risk factors.

Statewide, HIV prevalence is now estimated at a maximum of 2,950 IDUs and 930 IDUs who also engage in male-to-male sex. The total HIV prevalence estimate for Michigan is now 15,500 cases.

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*For inquiries concerning this report, please contact Richard Calkins, Michigan Department of Community Health, Office of Drug Control Policy, Lewis Cass Building, 2nd Floor, 320 South Walnut Street, Lansing, Michigan 48913-2014, Phone: 517-335-5388, Fax: 517-373-2963, E-mail: <calkinsr@michigan.gov>.*

**Exhibit 1. Estimated Number of ED Drug Mentions in a Seven-County Area in Southeast Michigan: 1994–first half of 2002<sup>1</sup>**

Drug Mentions	1994	1995	1996	1997	1998	1999	2000	2001	2002
Alcohol-in-combination	7,220	8,379	9,087	7,984	7,992	7,199	8,447	9,109	4,248
Cocaine	8,268	8,763	10,435	8,093	8,617	7,699	7,870	7,730	3,357
Heroin/morphine	2,160	2,390	3,188	3,028	2,879	2,653	3,328	3,870 <sup>2</sup>	1,657 <sup>2</sup>
PCP/PCP combinations	26	56	21	19	20	24	21	38	...
LSD	99	143	57	74	27	63	35	15	0
Amphetamine	305	292	440	359	362	178	...	437	207
Methamphetamine/speed	17	15	...	...	0	...	...	...	...
Marijuana/hashish	2,955	3,875	4,210	3,742	4,335	4,100	4,344	5,017	2,788
GHB	...	0	...	...	11	45	22	31	9
Ketamine	-	0	0	...	...	...	...	12	0
MDMA (ecstasy)	...	0	0	...	6	40	60	111	...
Rohypnol	-	0	0	0	0	0	0	0	1
Hydrocodone/combinations	89	129	165	160	185	238	371	483	290
Drug Episodes	17,653	18,626	20,796	17,604	17,477	16,125	17,042	19,265	9,374
Total Drug Mentions	31,633	34,152	38,952	32,487	32,582	30,207	32,740	38,159	18,229
Total ED Visits (in 1,000s)	1,436	1,513	1,537	1,449	1,461	1,481	1,474	1,583	794
Drug Episodes (rate/100,000)	432	451	498	417	409	374	388	463	223
Drug Mentions (rate/100,000)	775	828	933	770	763	700	746	893	434

<sup>1</sup> Data for 2002 are for first half only, and are preliminary and subject to change. Dots (...) indicate that an estimate with a relative standard error greater than 50 percent has been suppressed.

<sup>2</sup> Heroin excludes a small, but unknown, number of morphine/combinations mentions, which have been moved to the narcotic analgesics category during this time period.

SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

**Exhibit 2 Detroit/Wayne County Positive Drug Toxicology Cases Involving Heroin or Cocaine as an Independent Cause of Death: 1995–March 2003**

Month		1995	1996	1997	1998	1999	2000	2001	2002	2003 <sup>1</sup>
January	Heroin	16	21	17	21	23	43	52	29	26
	Cocaine	31	36	29	32	21	39	50	25	25
February	Heroin	14	16	27	26	31	37	40	35	47
	Cocaine	23	29	33	27	20	27	36	28	38
March	Heroin	11	13	13	21	41	34	45	48	22
	Cocaine	28	15	29	27	33	38	39	32	31
April	Heroin	12	11	24	23	29	42	38	41	
	Cocaine	25	33	29	35	34	24	32	37	
May	Heroin	19	10	14	16	28	56	33	41	
	Cocaine	36	19	22	32	33	46	27	29	
June	Heroin	25	25	24	33	40	42	36	43	
	Cocaine	31	32	30	38	32	32	30	38	
July	Heroin	25	21	30	21	30	44	46	51	
	Cocaine	27	32	26	32	25	36	42	33	
August	Heroin	13	23	27	25	29	35	46	47	
	Cocaine	14	29	28	25	31	36	36	44	
September	Heroin	12	18	33	29	31	23	32	46	
	Cocaine	16	25	22	37	21	24	24	38	
October	Heroin	16	29	27	27	37	39	47	42	
	Cocaine	29	34	32	33	35	26	42	44	
November	Heroin	21	20	27	32	41	40	23	35	
	Cocaine	29	28	28	32	32	35	22	26	
December	Heroin	19	33	24	35	23	38	27	38	
	Cocaine	28	37	36	35	25	33	26	43	
<b>Total</b>	<b>Heroin</b>	<b>203</b>	<b>240</b>	<b>287</b>	<b>309</b>	<b>383</b>	<b>473</b>	<b>465</b>	496	
	<b>Cocaine</b>	<b>317</b>	<b>349</b>	<b>344</b>	<b>385</b>	<b>342</b>	<b>396</b>	<b>406</b>	417	

<sup>1</sup> The 2002 data are for the first 9 months. Annual projections are 508 cases for heroin and 405 cases for cocaine.

SOURCE: Wayne County Office of the Medical Examiner Laboratory